

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

STARRED QUESTION NO:139

ANSWERED ON:14.07.2004

HEALTH CARE FOR WOMEN

Mane Smt. Nivedita; Singh Shri Kirti Vardhan

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Government is aware that the focus of health care for women is still limited to child birth and initial period after child birth;
- (b) if so, the main factors responsible for such a situation;
- (c) the efforts being made to provide comprehensive health services to women; and
- (d) the Central grant-in-aid provided for this purpose during each of the last three years, State-wise?

Answer

THE MINISTER OF THE STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a) to (d): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO.139 FOR 14TH JULY, 2004

(a) to (c): Women in the reproductive age group of 15-49 years are more vulnerable to morbidity and mortality due to causes related to pregnancy and childbirth. The Data provided by the Sample Registration System (SRS-1998), of the Registrar General of India indicates that the Maternal Mortality Ratio (MMR) was 407 per 100,000 live births. Based on this data, it is estimated that more than 1.1 lakh women in India die every year due to causes related to pregnancy and childbirth. The National Population Policy Goal is to bring down Maternal Mortality Ratio to less than 100 by the year 2010.

As a major supplement to the current strategies and programmes, the Reproductive and Child Health (RCH) Programme has, therefore, been addressed primarily to women in the reproductive age group to bring down the maternal mortality ratio. The interventions included in the programme are essential obstetric care, emergency obstetric care, referral transport for pregnant women with complication of pregnancy through panchayat, provision of drugs and equipments at first referral units (FRUs), provision of contractual staff like additional Auxiliary Nurse Midwife (ANM), staff nurses and hiring of Anaesthetists. A number of national health and disease control programmes are being implemented by the Government. These National Programmes lay equal stress on providing comprehensive health care to both men and women.

To attend to this major problem, the State Governments have also taken several steps to provide comprehensive health care to women not only upto childbirth and in the initial post childbirth years by making adequate provision in the State budget and through the facilities of their Departments of Health & Family Welfare.

A National Cancer Control Programme for early detection and treatment of cervical and breast cancers among women is also under implementation. The National AIDS Control Programme in collaboration with the Departments of Family Welfare of Government of India and the State Governments carries out a nation wide Family Health awareness Campaign on HIV/AIDS and Reproductive Tract Infections and Sexually Transmitted Infections (RTI/STI) and also provides treatment for RTI/STI during the campaign period. Evidence is also becoming available that hormonal and metabolic disorders and micronutrient deficiencies like Vitamin D contribute significantly to morbidity and mortality among women particularly those in the peri and post menopausal age group. Services for these ailments are being provided through the existing hospitals and other health care facilities.

The National Population Policy, 2000, and the National Health Policy, 2002, also recognize the need to meet the specific health requirements of women in a more comprehensive manner by sensitizing, training, and equipping rural hospitals and health centres for providing increased access of women to health care.

(d) The statement indicating the state-wise release of central grant-in-aid under RCH Programme during the last three years is annexed.